



**Town of Southampton**  
18 Jackson Avenue  
Hampton Bays NY 11946  
**DEPARTMENT OF PUBLIC SAFETY**  
Telephone 631-728-1088  
Fax 631-728-3688

**CHERYL KRAFT**  
Chief Fire Marshal  
631-702-2920

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**PERMIT APPLICATION (INFORMATION ON BUSINESS)**

- 1) NAME OF BUSINESS: \_\_\_\_\_
- 2) ADDRESS OF BUSINESS: \_\_\_\_\_  
\_\_\_\_\_
- 3) TELEPHONE NUMBER: \_\_\_\_\_ E-mail: \_\_\_\_\_
- 4) MAILING ADDRESS (if different from above): \_\_\_\_\_  
\_\_\_\_\_
- 5) Is business a corporation? If so please list name of corporations:  
President: \_\_\_\_\_ Vice President: \_\_\_\_\_  
Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_
- 6) Is business a partnership? If so please list type of partnership and names of partners:  
\_\_\_\_\_
- 7) LOCATION OF PREMISES (where permit is required): \_\_\_\_\_
- 8) OWNER OF PREMISES: \_\_\_\_\_
- 9) NAME OF PROPERTY OWNER: \_\_\_\_\_  
OWNERS ADDRESS & PHONE #: \_\_\_\_\_  
\_\_\_\_\_
- 10) In case of emergency list contact person and telephone number:  
Person: \_\_\_\_\_ Phone #: \_\_\_\_\_
- 11) If owner of property is different from applicant, in case of an emergency list contact person and #:  
Person: \_\_\_\_\_ Phone #: \_\_\_\_\_
- 12) Has applicant ever declared bankrupt or bankruptcy application pending? Yes \_\_\_\_\_ No \_\_\_\_\_
- 13) Has applicant had a permit ever denied, suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_
- 14) Has applicant ever been convicted of a crime or violation involving the use or transportation of any material which is an unusual fire hazard, including but not limited to bonfires, combustible operations, compress and liquefied gases, explosions, flammable and combustible liquids, flammable finishing, fireworks, pyroxylin plastics, welding or other hot work, and tents? If so, please provide dates of convictions along with a brief statement setting forth the penalties imposed for all such violations. \_\_\_\_\_  
\_\_\_\_\_



- 6) Typical number of 55-gallon drums and types of products stored:
  - 7) Typical number of 5 gallon containers and types of product stored on site:
  - 8) List consumer sized products used on premises and for retail.
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**Welding:**

products stored/used on site:

eg: oxygen  
acetylene  
argon

typical number and size of cylinders by product:

eg: E cylinder (no tank)  
K cylinder 2 tanks acetylene

Type(s) of welding preformed:	Yes	No
Arc – rod with flux	_____	_____
Mig – wire	_____	_____
Tig – electric torch	_____	_____
Oxygen/acetylene – cutting	_____	_____
Braising	_____	_____

**Explosive Materials:**

Maximum quantity of division 1.3 explosives stored on site:

Maximum quantity of division 1.4 explosives stored on site:

**Record Keeping and Reporting:**

A holder of a permit shall keep a record of all transactions or operations involving explosive materials. Such records shall be retained for 5 years and shall be made available to the issuing authority upon request. An accumulation of invoices, sales slips, delivery tickets or receipts, or similar records, representing individual transactions shall be considered to satisfy the requirements for recordkeeping, provided they include the signature of the receiver of the explosive material.

State of New York) ss:  
County of Suffolk)

being duly sworn, deposes and says that he/she resides at \_\_\_\_\_ and that he/she is the agent for the owner/tenant of the premises described in the within application, and states that the proposed regulated activity had been authorized by the owner/tenant and that the aforesaid applicant has been authorized to make the application as the owner's/tenant's agent. The owner/tenant authorizes the applicant to consent to permit any employee of the Department of Fire Prevention to enter upon the premises without a search warrant for the purpose of inspecting the proposed regulated activity.

Sworn this date of \_\_\_\_\_

False statements made therein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

\_\_\_\_\_  
Applicant

State of New York) ss:  
County of Suffolk)

being duly sworn, deposes and says that he/she resides at \_\_\_\_\_ and that he/she is the owner in fee officer in the corporation which is the owner in fee/tenant described in the within application, and that he/she has authorized \_\_\_\_\_ to make the foregoing application for a permit as described herein.

Sworn this date of \_\_\_\_\_

False statements made therein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

\_\_\_\_\_  
Applicant

**\*\* THIS PAGE DOES NOT NEED TO BE NOTARIZED \*\***